

### **Department of Administrative Services**

Sonny Perdue Governor

#### **Surplus Property Division**

Steven R. Ekin, Director

Dana R. Russell Commissioner

Dear Applicant,

Thank you for your interest in the Georgia Department of Administrative Services, Surplus Property Program. This program offers surplus federal and state personal property to non-profit **Joint Apprenticeship Organizations.** Service charges apply for all property. In order to qualify for this program, your organization must meet the specific criteria outlined below. Applications must be signed by the organization's principal officers.

- **Application for Eligibility** (Includes Non-Discrimination Assurance & Resolution/Designation of Certifying Officials and Property Selectors).
- **Articles of Incorporation** showing the signature and seal of the Secretary of State and a copy of any amendments that may have been made.
- Letter from the Internal Revenue Service stating that your organization is income tax exempt under their section **501(c)** (3). If there's an advanced ruling period, please submit the follow-up letter
- A brief **narrative description** (or brochure) of the services the program provides. Please include the approximate number of individuals served by your program.
- A copy of the organizations **Certificate of Registration** with the Department of Labor.
- A copy of the **Standards of Apprenticeship**.
- Copies of the **instructors teaching agreement** with accredited area Technical Institutes.

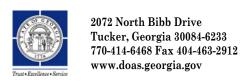
Please complete this package in its entirety. Incomplete applications can not be processed and will delay your organization's eligibility determination. Send completed applications and supporting documentation to:

GA DOAS, Surplus Property Division Attn: Eligibility Processing 2072 North Bibb Drive Tucker, GA 30084

There is no charge for this application process. If you have any questions, please contact Tashika Cullins at (770) 414-6468.

Sincerely,

Steve Ekin Director



## GA DOAS SURPLUS PROPERTY APPLICATION FOR ELIGIBILITY

(PLEASE TYPE OR PRINT CLEARLY)

I. ORGANIZATION LEGAL NAME & ADDRESS NAME OF ORGANIZATION				TELEPHONE #		FA	FAX#	
DRESS		CITY		STATE ZIP		P COUNTY		
EMAIL ADDRESS								
I. BILLING INFORMATION (II	different	form abov	/e)					
ADDRESS			CITY			STATE	ZIP	
II. APPLICANT STATUS (Che	eck <u>One</u> C	nly):					-1	
Public Agency including Pu	ublic Scho	ols						
Nonprofit Organization								
Service Educational Activit	ies							
V. TYPE OR PURPOSE OF C	RGANIZA	TION (Ch	eck One	Only):				
College		Child Care Center			Program for the Homeless			
Health Center	Sch	School for Handicapped			Secondary School			
Radio/TV Station		Museum			Nursing Home (Skilled)			
Health Clinic	She	Sheltered Workshop			Research Center (Medical			
Elementary School		Hospital			Program for Impoverished			
Library		Programs for Older Individuals			Volunteer Fire Dept			
<ul> <li>A. BY SIGNING THIS FORM I COLLOWING STATEMENTS:</li> <li>All Property is "AS IS - V</li> <li>There are no returns or</li> <li>Organization will be eliging</li> <li>The organization's eliging</li> <li>All sales are at the discription of the Property MUST be</li> <li>You may NOT sell, loan</li> <li>Other restrictions may an area</li> </ul>	WHERE IS refunds. ible for fection of Suretion of Suretion of the trade or continuous	eral and so determine urplus Prope official proper	charges tate pers tate property Cer perty Cer ogram fo	apply.  sonal pro operty the oper Man or which	perty at ma	/. ay be pur		
ATE SIGNATURE OF AUTHORIZED OFFICIAL			IAL			TI	ITLE	
	FOR ST	ATE AGE	NCY U	SE				
Approved Eligibility Cod		ode		Disapproved				
Signature				Date _				

# RESOLUTION/DESIGNATION OF CERTIFYING OFFICIALS AND PROPERTY SELECTORS Name of Organization The following named individuals are hereby appointed **certifying officials** with authority to conduct all matters of business pertaining to the acquisition and utilization of Surplus Property acquired through the Georgia State Agency for Support Services Division. They are designated to obligate necessary Donee Organization funds for this purpose and execute Distribution Documents binding the Donee Organization to the terms, conditions reservations and restrictions applying to property obtained through the agency. The list will be updated on a regular basis depending on type of organization. Between update periods, the certifying official is responsible for notifying the State Agency in the event of additions or cancellations to the list. Individuals not listed below will be required to have written authorization from a certifying officer before being admitted to the agency distribution centers. NAME TITLE **TELEPHONE** The above listed individuals will assume responsibility for appointing property selectors, insure lawful utilization of property, maintain property records on property received, and assure prompt payment on service charge accounts. The below listed individuals are designated property selectors and have authority to visit and acquire items of property from the Georgia State Agency for Support Services Division. (Use additional pages if needed.) NAME **POSITION** UNIT Date

Date

CERTIFIED OFFICIAL (PRINT)

CERTIFIED OFFICIAL (SIGNATURE)

#### NON-DISCRIMINATION ASSURANCE

Assurance to be executed by authorized representative of Donee activity prior to receiving donations of Surplus Personal Property from Support Services Agency on and after October 17. 1977.

Assurance of compliance with GSA Regulations under Title VI of the Civil Rights Act of 1984, Section 606 of Title VI of the Federal Property and Administrative Services Act of 1949, as amended, Section 504 of the Rehabilitation Act of 1973, as amended. Title IX of the Education Amendments of 1972, as amended and Section 303 of the Age Discrimination Act of 1975.

, hereinafter called the "donee,"
NAME OF ORGANIZATION
hereby agrees that the program for or in connection with which any property is donated to the
Donee will be conducted in compliance with, and the Donee will comply with and will require any
other person (any legal entity) who through contractual or other arrangements with the Donee is
authorized to provide services or benefits under said program to comply with all requirements
imposed by or pursuant to the regulations of the General Services Administration (41 CFR 101-6.2
OR 101-8) issued under the provisions of Title VI of the Civil Rights Act of 1964, Section 606 of
Title VI of the Federal Property and Administrative Services Act of 1949, as amended, Section 504
of the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972, as
amended, and Section 303 of the Age Discrimination Act of 1975, to the end that no person in the
United States shall on the ground of race, color, national origin, sex, or age, or that no otherwise

The Donee further agrees that this agreement shall be subject in all respects to the provisions of said regulations; that this agreement shall obligate the Donee for the period during which it retains ownership or possession of any such property; that the United States shall have the right to seek judicial enforcement of this agreement; and this agreement shall be binding upon any successor in interest of the Donee and the word "Donee" as used herein includes any such successor in interest.

qualified handicapped person shall solely by reason of the handicap, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity for which the Donee received Federal Assistance from the General Services Administration: and hereby gives assurance that it will immediately take any measures necessary to effectuate this

agreement.

Date	BY	
		CERTIFIED OFFICIAL
DONEE MAILING ADDRESS		

INCLUDE STREET ADDRESS IF DIFFERENT FROM MAILING ADDRESS